

00862.022519.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
N. 1: MODIGADA	: Examiner: R. E. Fuller
Masahiro MORISADA	: Group Art Unit: 2851
Application No.: 10/073,976)
	: Confirmation No.: 4966
Filed: February 14, 2002)
For: ACTIVE ANTI-VIBRATION APPARATUS AND	: December 23, 2003
EXPOSURE APPARATUS AND DEVICE	;
MANUFACTURING METHOD USING THE SAME)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated October 2, 2003, please amend the aboveidentified application as follows:

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PATENT APPLICATION

	IN THE UI	NITED ST.	ATES PATENT A	AND TE	RADEMA	RK OFFICE		
In re Application of:)) : Examiner: R. E. Fuller			
Masahiro MORISADA)				
Application No.: 10/073,976				:	: Group Art Unit: 2851			
Filed: February 14, 2002				:	: Confirmation No.: 4966			
EXPOSU	ANTI-VIBRATI RE APPARATU ACTURING MET	S AND DI		:) :)	Decembe	er 23, 2003		
Commissioner P.O. Box 1450 Alexandria, V	•		. •					
X No a	erewith is an Amediditional fee is refee has been calc	equired.	n the above-identif	fied app	lication.			
1110		aracea as s	CLAIMS AS AME	NDFD				
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PR	ESENT XTRA	RATE .	ADDITIONAL FEE	
TOTAL CLAIMS	10	MINUS	20	=	0	x \$9 \$18	\$0.00	
INDEP. CLAIMS	1	MINUS	3	=	0	x \$43 \$86	\$0.00	
Fee for Multiple	e Dependent claims S	\$140/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$0.00				
°Ver	ified Statement c	laiming sn	nall entity status is	s enclos	ed, if not f	iled previous	ly.	

A check in the amount of \$_____ is enclosed including the additional claims fees. Page 1 of 2

	Charge \$ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.					
X	Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fee under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.					
	A check in the amount of \$ to cover the fee for a month extension is enclosed.					
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.					
X	Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.					
	Respectfully submitted,					
	Attorney for Applicant Steven E. Warner Registration No. 33,326					
FITZPA	TRICK, CELLA, HARPER & SCINTO					

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

SEW/eab

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